

**DENTIST FACULTY RENEWAL FORM**

Renew by Mail: Use this renewal form to renew by mail. Make your check or Money Order payable to the SBDE and mail to the address listed above.

Required Jurisprudence Assessment for Dentists: Dentists are required to complete the Online SBDE Jurisprudence Assessment once every three years for license renewal. Go to: www.tsbde.texas.gov/Jurisprudence See Page 2 for more information on this requirement.

Renewing an Expired License: See Page 2 for more information on renewing an expired license.

Renewal Fee if Paid by Expiration Date		1 - 90 Days Following Expiration		91 days – 365 Days Following Expiration		366+ Days Late
DO NOT Hold an Anesthesia Permit	DO Hold an Anesthesia Permit(s)	DO NOT Hold an Anesthesia Permit	DO Hold an Anesthesia Permit(s)	DO NOT Hold an Anesthesia Permit(s)	DO Hold an Anesthesia Permit	
\$ 115	\$ 125	\$ 162.50	\$ 172.50	\$ 210	\$ 220	
						Canceled (Nonrenewable)

CHECK YOUR ANNUAL REGISTRATION CERTIFICATE TO SEE IF YOU CURRENTLY HOLD ONE (OR MORE) ANESTHESIA PERMIT(S)

NAME: _____ E-MAIL ADDRESS: _____

TEXAS LICENSE NUMBER F - _____ TEXAS EMPLOYER SCHOOL: _____ LICENSE EXPIRATION DATE: _____

INCOMPLETE FORMS WILL BE RETURNED

This form must be signed and all questions answered or your payment will be returned without action resulting in non-renewal and possible penalties.

1. Cardiopulmonary Resuscitation Certification --- REQUIRED Do you hold a current CPR certification as required by the SBDE? (CPR training must include a written assessment and a demonstration of skills. See Page 2 for acceptable CPR training info.) If you answer "No" to the question of current CPR, attach a letter from your medical doctor or proof of residence outside the United States.)		<input type="checkbox"/> Yes, my CPR Card was issued on: _____ and expires on: _____ <input type="checkbox"/> No, my CPR is not current. I am submitting a doctor's letter or proof of residence outside the U.S.																								
2. Continuing Education --- REQUIRED Please check the box to the right that applies to you at this time. (See Page 2 for more information on Continuing Education requirements).		<input type="checkbox"/> I am in compliance with completing all required CE for this registration period <u>OR</u> <input type="checkbox"/> I am in my first registration period and exempt from completing CE.																								
3. Disciplinary Action ----- REQUIRED (✓ Check the answer that applies to you for BOTH Questions 3a and 3b) 3a. ____ I have not been the subject of any disciplinary action not yet reported to the SBDE (or) ____ I am attaching documents regarding disciplinary action not previously reported to the SBDE. 3b. ____ I have not been arrested, indicted, convicted or received a court order for any criminal offense not yet reported to the SBDE (or) ____ I am attaching documents regarding criminal offenses that have not been reported to the SBDE.																										
4. Anesthesia Permit (List the date(s) that apply) Certification must be completed within the previous 3 years) I do not hold a parenteral or general anesthesia permit _____ I completed the SBDE Parenteral Conscious Sedation & Office Emergency Course on this date: _____ ACLS Issue Date: _____ PALS Issue Date: _____ Anesthesia Permit Fee: A \$10 fee is included in your annual fee of \$125 if you possess any or all of these sedation permits: <u>Nitrous Oxide Inhalation Sedation</u> , <u>Parenteral Conscious Sedation</u> , <u>Enteral Conscious Sedation</u> or <u>General Anesthesia</u> .																										
5. Required Practice Data ----- REQUIRED Section 254.007 of the Dental Practice Act requires the SBDE to annually collect data for every dental license holder . Out-of-State licensees are not required to complete the information as the data is used to determine underserved areas in Texas. If you have retired from active practice you may indicate "retired"; faculty members may indicate 'faculty'; residents/interns may indicate 'resident/intern'; and military active duty may indicate 'military' below. All other active practitioners must complete the information for each location you practiced dentistry during the past twelve months. For this purpose, practice shall be defined as being available for patient care. Failure to provide this information will result in your renewal being returned for completion.																										
<table border="1"><thead><tr><th>Name of Dental Practice</th><th>Physical Address (Include Zip Code)</th><th>County</th><th># hours per week</th><th># weeks per year</th><th>Type of Practice</th><th># of Hygienists</th><th># of Assistants</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>	Name of Dental Practice	Physical Address (Include Zip Code)	County	# hours per week	# weeks per year	Type of Practice	# of Hygienists	# of Assistants																		
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6. Name Change ----- OPTIONAL See Page 2 for a list of <u>required legal documents</u> to be submitted to the SBDE for a name change. FEE: \$25 at the time of Renewal If you are submitting your name change with this Renewal print your full legal name here: _____ PRINT FULL LEGAL NAME																										
8. Signature and Date ----- REQUIRED I hereby attest by my signature, under penalty of perjury, that I have completed and possess all required certifications as required by the Occupations Code and the SBDE Rules and Regulations. All information provided on this form is true and accurate and I understand that I may be asked to produce for the SBDE any documentation I am required to have. (*- Pay only if applicable to you at this time) Signature of Faculty Member _____ Date _____ Renewal Fee \$ _____ Name Change* (\$25.00 fee) \$ _____ Total Payment Enclosed: \$ _____																										

ADDRESS CHANGE

Complete a change of address **NOT** reported to the Board here. (Check ☒ One)

_____ Use my **Home Address** as my primary mailing address

OR

_____ Use my **Office Address** as my primary mailing address

Home
Address: _____

Office
Name: _____

Office
Address: _____

City: _____

City: _____

State: _____ Zip Code: _____

State: _____ Zip Code: _____

Telephone Number: _____

Telephone Number: _____

NAME CHANGE Your license must display your **full legal name**. Submit legal documentation showing proof of the name change (e.g., marriage license, divorce decree, etc.) along with your processing fee. (Do not send in your annual registration certificate. This document must be displayed to continue practicing.)

GENERAL INFORMATION**Renewal Requirements**

Dentists who do not renew their license before the expiration date, may not practice until your license is brought into a current status. You may begin practicing again **after** you have received your registration certificate and display it where services are provided.

Dentist Penalties. Texas Occupations Code, Section 257.002 states that a person whose license has been expired may not engage in activities that require a license until the license has been renewed. A person whose license has been expired for less than 90 days may renew the license by paying a renewal fee that is equal to 1-1/2 times the normally required renewal fee. A license that has been expired for more than 90 days but less than one year may be renewed by paying a renewal fee that is two times the normally required renewal fee. A license that has been expired for one year or more may not be renewed. No exceptions will be made to this provision.

Jurisprudence Assessment for License Renewal Effective January 1, 2008, the jurisprudence requirement may only be met by taking the online SBDE Jurisprudence Assessment once every three years for licensure renewal. To purchase the SBDE Jurisprudence Assessment visit: www.tsbde.state.tx.us/Jurisprudence.

Continuing Education All Texas licensees holding an active license to practice in Texas must annually collect a minimum of 12 hours of appropriate Continuing Education (CE), as required by the Texas Occupations Code and the SBDE Rules and Regulations at Chapter 104.

The following conditions and restrictions shall apply to coursework submitted for renewal purposes:

- At least 8 hours of coursework must be either technical or scientific as related to clinical care. The terms "technical" and "scientific" as applied to CE shall mean that courses have significant intellectual or practical content and are designed to directly enhance the practitioner's knowledge and skill in providing clinical care to the individual patient.
- Up to 4 hours of coursework may be in risk-management courses. Acceptable "risk management" courses include courses in risk management, record-keeping, and ethics.
- Up to 6 hours of coursework may be self-study. These self-study hours must be provided by those entities cited in SBDE Rule 104.2 of this title (relating to Providers). Examples of self-study courses include correspondence courses, video courses, audio courses, and reading courses.
- Hours of coursework in the standards of the OSHA or in CPR may not be considered in the 12-hour requirement.
- Hours of coursework in practice finance may not be considered in the 12-hour requirement.

CE Exemption for the First Registration Period

Dentists in their first registration period are exempt from completing CE.

Guaranteed Student Loans

Dentists and Dental Hygienists in default of guaranteed student loans will not be allowed to renew a license until a repayment agreement has been approved by the Texas Guaranteed Student Loan Corporation (TGSCLC) or the loan has been repaid.

Military Fee Exemption Dentists and Dental Hygienist licensees on military active duty are exempt from paying annual renewal fees. A copy of the military member's ID card or other official documentation verifying proof of active duty status must be submitted annually with the renewal form in lieu of renewal fee payment. Military members utilizing the fee exemption may not engage in private practice.

CPR Requirement Section 257.004 of the Texas Occupations Code requires that all licensed dentists, dental hygienists, and registered dental assistants sign a written statement that the applicant has successfully completed a current course/program in CPR, or holds a physician's verification that the applicant is physically unable to complete CPR, or applicant resides in a foreign country. Applicants signing the statement on Page 1 of this application must maintain documentation of CPR status. CPR training must include a written assessment and a demonstration of skills. Computer and video-based CPR training courses given by an instructor that includes training a hands-on practice manikin **by the applicant** and a written assessment of skills, either taken online or in a classroom setting, are acceptable. Online courses that do not include a live instructor for a demonstration of skills and training on a practice manikin by the applicant are not acceptable.

Licensure Retirement Dentists requesting their license be retired are required to submit an SBDE Retirement Request Form **PRIOR** to the expiration of their license. A request for licensure retirement is subject to the license being current and in good standing with no open investigations or active board orders in effect at the time of request. Once the retirement is granted, annual licensure fees and continuing education requirements are waived for the period the license is in retirement. Dentists seeking licensure retirement must also surrender drug prescribing privileges to the Department of Public Safety. Reactivation of a retired license must be requested in writing and in compliance with SBDE Rule 101.7 which is available for review on the SBDE website.